



DR:AHMED ALSAEED.
DR:REHAM ADLY ZAYED.
INT MED RESIDENTS

Personal HX:

Female patient aged 45 Ys
,fromAlmanzala ,,Married
with 3 offspring ,no special
habits of medical
importance.



*The patient presented to ER with Elevated S.Cr(8.5) with mild metabolic acidosis.
No hyperkalemia

*Associated with bilateral LL Pain referred to the back.

*The patient was in a bad general condition. .
.



On taking History:::::

We could not take Hx from the patient because of her bad general condition .

Also the relatives were ignorant about such condition just that

*Hx of Admission in Almanzala CCU for ttt of Arrhythmia(Not Specified) which she had 2 years ago(With no CHF acc to the relatives).

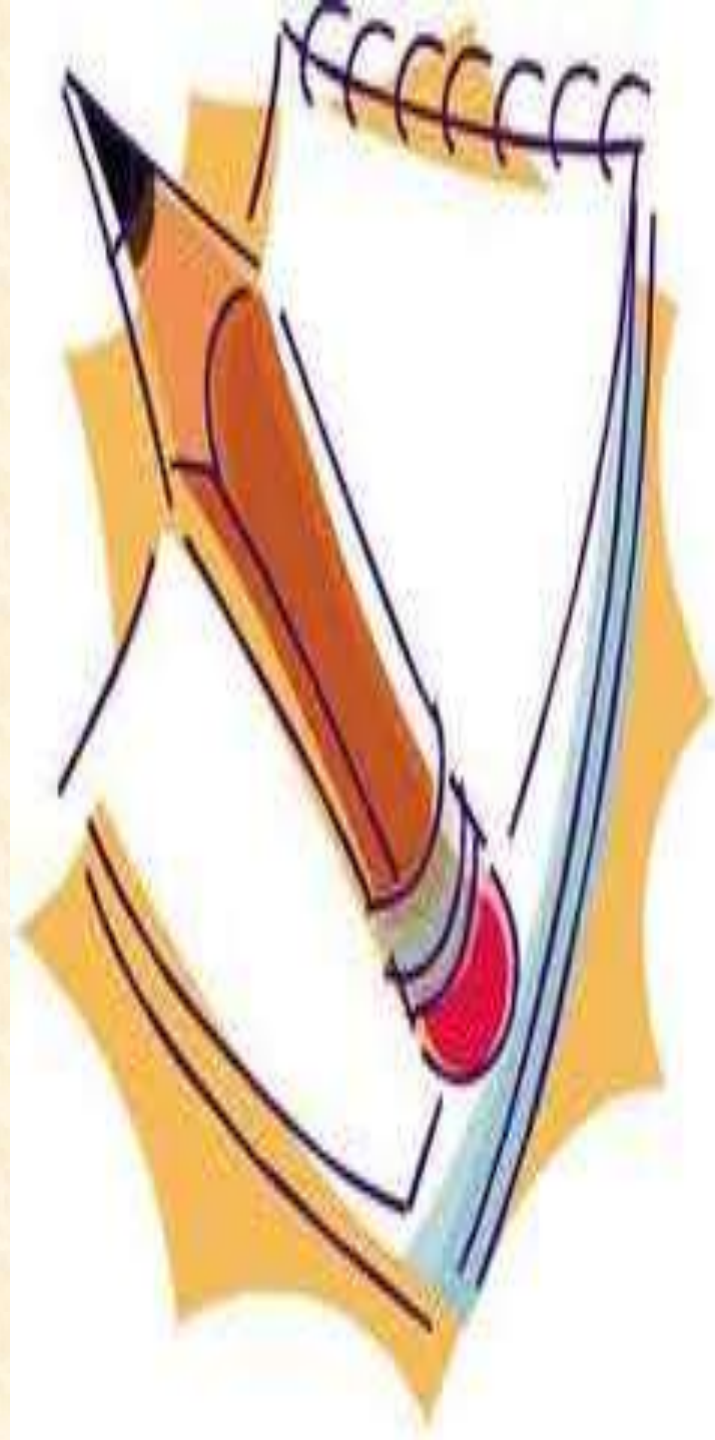
*They denied any drug Hx or contrast .

Past HX:

- *No DM.
- *No HTN
- *No CLD..

Family HX:

Non Specific.



Examination:

- *The patient was in a bad general condition (conscious) .
- *No jaundice, pallor or cyanosis
- *ABP=100/60
- *Pulse :Irregular (90/min).
- *RR =N.
- *Temp=N.
- *RBG=123.
- *No LL edema
- *Systolic murmur over the heart.
- *Chest: Clear
- *Abdomen:NAD.
- *Dip stick -----→No albumin detected.
- *Urinary bag=500cc.



On reviewing her investigation done at ER:::::::

s.Cr=8.5

PH=7.29

Hco₃=18

K=4.3

ECG-----→Controlled AF.

CBC

WBC 9000

HB 10.2

PLT 150

Abdominal US-----→Normal .

CXR-----→free.



U/S:

- *Average size liver echopattern & with no focal lesion .
- *No dilated IHBR.
- *patent portal vein with full color saturation & normal flow wave .
- *Mild enlarged spleen.
- *Normal GB ,no mud or stones .
- *Normal sized kidneys good CMD .
- *No ascites .
- *No masses or collection.
- *Normal sized uterus & ovaries.



WHAT IS YOUR NEXT STEP?



***What is your provisional D?**

***Would you start dialysis or not?**

***What is your further work up?**

*Dialysis was considered.

*Her condition worsen

ABP=100/60-----→90/60.

Oliguria-----→Anuria

LL pain increased(significant).



Higher staff consultation was done

Exam :::

*No palpable pulsation in LL up to femoral art.

*Double murmur over the heart.



WHAT IS YOUR DIAGNOSIS NOW?



ECHO:::::

Dilated LA.



CT angio Vs RI.



CT angio was to be considered .

S.Cr 10



CT angio was done:::

- 1-Obstruction in common iliac artery with bilateral LL ischemia.
- 2-Multiple splenic infarction.
- 3-Renal infarction(bilateral).

WHAT IS YOUR DECISION NOW?



WHAT IS THE PROGNOSIS OF THIS KIDNEY

WOULD YOU OPERATE TO SAVE LL?



